JUN 1 0 2005 PART B - FEE(S) TRANSMITTAL

Complète and semi	this form, together wit (;: ;:	th applicable f	ee(s), to: <u>N</u> or <u>I</u>]	Mail Stop ISSUE FEE Commissioner for Patents P.O. Box 1450 Alexandria, Virginia 22313-1450 (703) 746-4000			
INST UCTIONS: This fr appropriate. All further co- indicated valess controlled maintenance fee notification	orm should be used for tran rrespondence including the below or directed otherwise ns.	smitting the ISSU Patent, advance or in Block 1, by (a	JE FEE and leading and specifying a	PUBLICA	ATION FEE (if requ	ired). Blocks 1 through the mailed to the control and/or (b) indicating	gh 5 should be completed who current correspondence address a separate "FEE ADDRESS"	
CURRENT CORRESPONDEN	CE ADDRESS (Note: Use Block 1 for 2590 03/11/2005	any change of address)) I	Note: A certificate of Fee(s) Transmittal. The papers. Each additions	mailing can only be	used for domestic mailings of c used for any other accompany signment or formal drawing.	
OSHA LIANG L Suite 2800 1221 McKinney S Houston, TX 7701	treet			I S a t	Cet hereby certify that the States Postal Service of ddressed to the Mai ransmitted to the USF	rtificate of Mailing or nis Fee(s) Transmittal with sufficient postage I Stop ISSUE FEE a TO (703) 746-4000, o	Transmission is being deposited with the Un for first class mail in an envel iddress above, or being facsion the date indicated below.	
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APPLICATION NO.	FILING DATE		FIRST NAMEI	D INVENT	OR	ATTORNEY DOCKET	NO. CONFIRMATION NO.	
10/693,842	10/24/2003		Mamiko	Nomura		03310/034001	9997	
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1. Change of correspondent CFR 1.363).	ce address or indication of "F	ee Address" (37	2. For prin	ting on th	ne patent front page, li	st "		
Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.			(1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a					
"Fee Address" indica PTO/SB/47; Rev 03-02 Number is required.	registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.							
3. ASSIGNEE NAME AN	D RESIDENCE DATA TO E	E PRINTED ON T	THE PATENT	(print or	type)			
PLEASE NOTE: Unles recordation as set forth i	s an assignee is identified be in 37 CFR 3.11. Completion	elow, no assignee of this form is NO	data will app T a substitute	ear on the	e patent. If an assign an assignment.	nee is identified below	, the document has been filed	
(A) NAME OF ASSIGN Sony Chemia		(E	3) RESIDENC Japan	CE: (CITY	and STATE OR CO	UNTRY)		
	e assignee category or catego				☐ Individual �� C	orporation or other priv	vate group entity Governm	
4a. The following fee(s) are	e enclosed:	41	Payment of			5. 10 10.5		
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Publication Fee (No Advance Order - # o	Payment by credit card. Form PTO-2038 is attached. The Director is hereby authorized by charge the required fee(s), or credit any overpayment Deposit Account Number 50-0591 (enclose an extra copy of this form).							
Advance Order - # 0	of Copies		Deposit Acc	ount Num	the by authorized by called by calle	harge the required fee (enclose an	(s), or credit any overpayment extra copy of this form).	
	s (from status indicated above SMALL ENTITY status. See		☐ h Applic	eant is no	longer claiming SMA	LL ENTITY status. Se	a 27 CEP 1 27(a)(2)	
							application identified above. at; or the assignee or other part	
Authorized Signature	1 S. B.	u	→ ,		Date 6/	9/05		
Typed or printed name	JEFFREN S.	BERGHAR	7		Registration	No. 45,92	5	

This collection of information is required by 37 CFR 1.311. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to proc an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to comp this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P Box 1450, Alexandria, Virginia 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 14 Alexandria, Virginia 22313-1450.

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PTO/SB/17 (12-04v2) Approved for use through 7/31/2006. OMB 0651-0032 U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE r the Paperwork Reduction Act of 1995, no person are required to respond to a collection of information unless it displays a valid OMB control number. Complete if Known Effective on 12/08/2004. 10/693,842-Conf. #9997 ursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818). **Application Number** TRANSMITTAL October 24, 2003 Filing Date First Named Inventor Mamiko Nomura For FY 2005 **Examiner Name** P. Hightower Applicant claims small entity status. See 37 CFR 1.27 1711 Art Unit 03310/034001 **TOTAL AMOUNT OF PAYMENT** 1,712.00 Attorney Docket No. METHOD OF PAYMENT (check all that apply) Check x Credit Card Money Order None Other (please identify): Osha · Liang LLP x Deposit Account Deposit Account Number: 50-0591 Deposit Account Name: For the above-identified deposit account, the Director is hereby authorized to: (check all that apply) Charge fee(s) indicated below Charge fee(s) indicated below, except for the filing fee Charge any additional fee(s) or underpayment of x Credit any overpayments fee(s) under 37 CFR 1.16 and 1.17 FEE CALCULATION 1. BASIC FILING, SEARCH, AND EXAMINATION FEES **FILING FEES** SEARCH FEES **EXAMINATION FEES Small Entity Small Entity** Small Entity Fees Paid (\$) **Application Type** Fee (\$) Fee (\$) Fee (\$) Fee (\$) Fee (\$) Fee (\$) Utility 300 500 250 200 100 150 200 100 100 50 130 65 Design Plant 200 100 300 150 160 80 Reissue 300 150 500 250 600 300 Provisional 200 100 n n 0 n **Small Entity** 2. EXCESS CLAIM FEES Fee (\$) Fee (\$) Fee Description Each claim over 20 (including Reissues) 50 25 Each independent claim over 3 (including Reissues) 200 100 Multiple dependent claims 360 180 **Multiple Dependent Claims** Fee Paid (\$) **Total Claims Extra Claims** Fee Paid (\$) Fee (\$) Extra Claims Fee Paid (\$) Indep. Claims 4 3. APPLICATION SIZE FEE If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s). Number of each additional 50 or fraction thereof Fee Paid (\$) Total Sheets Extra Sheets Fee (\$) - 100 = (round up to a whole number) x 4. OTHER FEE(S) Fees Paid (\$) Non-English Specification, \$130 fee (no small entity discount) Other (e.g., late filing surcharge): 1501 Utility issue fee 1,400.00 1504 Publication fee for early, voluntary, or normal ... 300.00 8001 Printed copy of patent w/o color 12.00

SUBMITTED BY			-			
Signature	Jehn S.	B 1	Registration No. (Attorney/Agent)	33,986	Telephone	(713) 228-8600
Name (Print/Type)	Jonathan P. Os	ha-			Date	June 9, 2005

I hereby certify that this correspondence is being deposited with the U.S. Postal Service as Express Mail, Airbill No. EV526068511U
in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450, on the date shown below.
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Dated: June 9, 2005

Signature: (Ava R. Brown)



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Dated: June 9, 2005

Signature: AVA R Brown)

Docket No.: 03310/034001

(PATENT)

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re Patent Application of: Mamiko Nomura et al.

Application No.: 10/693,842

Group Art Unit: 1711

Filed: October 24, 2003

Examiner: P. Hightower

For: RESIN COMPOSITIONS, PROCESSES FOR

PREPARING THE RESIN COMPOSITIONS AND PROCESSES FOR FORMING RESIN

FILMS

TRANSMITTAL LETTER

Commissioner for Patents P.O. Box 1450 Alexandria, VA 22313-1450

Dear Sir:

Enclosed are the following items for filing in connection with the above-referenced Patent Application:

- 1. Fee Transmittal (1 page) and
- 2. Part B Fee(s) Transmittal (1 page).

Please charge our Credit Card in the amount of \$1,712.00 covering the required fees. Credit Card Payment Form SB-2038, with a signature from an authorized cardholder, is enclosed. The Director is hereby authorized to charge any deficiency in the fees filed, asserted to be filed or which should have been filed herewith (or with any paper hereafter filed in this

application by this firm) to our Deposit Account No. 50-0591, under Order No. 03310/034001.

A duplicate copy of this paper is enclosed.

Dated: June 9, 2005

Respectfully submitted,

Johathan P. Osha

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